

To be filled in Capital Letters.

## Change of Karta (Due to death of existing Karta)

(Please ✓ the applicable request)

Folio/Account Number	Name of the Unitholders	
	Sole/First Applicant	

With reference to the above account, I/we state that "Mr./Ms. \_\_\_\_\_" passed away on \_\_\_\_\_ and he/she was the Karta of the HUF and holding the units under the above mentioned Folio/Account No(s).

I/We further inform you that Mr./Ms. \_\_\_\_\_ is the senior most coparcener of the HUF/is the new Karta duly appointed by all the members.

I/We have, therefore approached you with a request to **replace the name of the deceased Karta with the name of new Karta** Mr./Ms. \_\_\_\_\_ on the aforesaid units in the name of the undersigns.

**My details are as follows :**

My Address
..... .....
City : ..... Pin Code : ..... State : .....

My Contact Details						
E-mail address						
Mobile No.		STD Code		Residence Tel. No.		Office Tel. No.

My Bank Details				
Bank Account Number #				
Bank Account Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (Please specify) .....			
Bank Name				
Bank Branch Address	..... City : ..... Pin Code : .....			
RTGS/IFSC/NEFT Code <small>11 digit code is printed on the cheque book</small>		MICR Code <small>9 Digit Number next to the Cheque No.</small>		

I am herewith enclosing requested documents as follows: Please tick (✓)

<input type="checkbox"/>	Death Certificate in original or photocopy duly notarized or attested by gazette officer or a bank manager along with the bank stamp, Signatory full name, designation & Employee Code	
<input type="checkbox"/>	Self-attested copy of PAN Card	
<input type="checkbox"/>	KYC of new Karta duly verified by KYC Registration Agency (KRA)	
<input type="checkbox"/>	KYC of HUF duly verified by KYC Registration Agency (KRA), if not already available.	
<input type="checkbox"/>	In case your PAN is not verified by KYC Registration Agency (KRA), kindly enclosed the KYC form along with relevant documentary proof and In-Person Verification. For more information in this regard please read "INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM" detailed on the reversed side of the KYC form. The said KYC form can be downloaded from our website <a href="https://www.principalindia.com/general/NewDownloads.aspx">https://www.principalindia.com/general/NewDownloads.aspx</a>	
<input type="checkbox"/>	Confirmation of Bank Details with signature attestation of new Karta have been appended in the bank account of the HUF by a bank branch manager with the bank stamp, Signatory full name, designation & Employee Code.	<b>Annexure I</b>
<input type="checkbox"/>	Indemnity Bond signed by all the surviving coparceners and new Karta (To be Franking/Executed on Non-judicial Stamp paper of Rs. 200/-)	<b>Annexure V</b>
<input type="checkbox"/>	In case of no surviving co-parceners and the transmission amount is ₹ 2,00,000/- or more <b>OR</b> Where there is an objection from any surviving members of the HUF then along with the above mentioned documents required : (any one)	
	<input type="checkbox"/> Notarized copy of Settlement Deed <input type="checkbox"/> Notarized copy of Deed of Partition	
	<input type="checkbox"/> Notarized copy of Decree of the relevant competent Court <input type="checkbox"/> Additional documents can be required on case to case basis.	

# KYC acknowledgement address should match with the address mentioned in the Indemnity Bond.

Please enclose the relevant documentary proof duly attested as mentioned above. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.

 \_\_\_\_\_  
**Signature of the New Karta/Claimant**